

General

Title

Diabetes mellitus: percent of patients 40 years and older who have a current prescription for aspirin or other antithrombotic agent.

Source(s)

HDC topics: diabetes. [internet]. Rockville (MD): Health Disparities Collaboratives; 2006 Jun 29 [10 p.].

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percent of diabetes mellitus patients 40 years and older in the clinical information system who have a current prescription for aspirin or other antithrombotic agent.

Rationale

Diabetes is a complex, serious, and increasingly common disease. It is the most frequent cause of blindness among working-age adults; the leading cause of nontraumatic lower extremity amputation and end-stage renal disease; and a principal cause of congenital malformations, perinatal mortality, premature mortality, and disability. Persons with diabetes are at increased risk for stroke, ischemic heart disease, peripheral vascular disease, and neuropathy.

Diabetes is a costly disease-not only in terms of the economic burden it imposes on society, but also in terms of the human suffering imposed by the disease and its complications. Moreover, the burden of diabetes and its complications disproportionately affects minority populations and the elderly, and is likely to increase as minority populations grow and the U.S. population ages. Thus, diabetes poses an

enormous public health challenge in America.

This measure is one of 18 measures that participants track in the HRSA Health Disparities Collaborative for Diabetes.

Evidence for Rationale

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: diabetes training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 74 p.

Primary Health Components

Diabetes mellitus; aspirin; antithrombotic agent

Denominator Description

Total number of diabetic patients 40 years and older in the clinical information system

Numerator Description

The number of patients from the denominator who have a current prescription for aspirin or other antithrombotic agent (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Additional Information Supporting Need for the Measure

Diabetes: The Facts

- 15.7 million people have diabetes:

 - 10.3 million diagnosed (= a sixfold increase over the past 40 years)

 - 5.4 million undiagnosed

- 798,000 new cases diagnosed per year

- 7th leading cause of death in the U.S.

- Cost (United States, 1997):

 - Total costs: \$98 billion

 - Direct medical costs: \$44 billion

 - Indirect costs: \$54 billion (disability, work loss, premature mortality)

Diabetes Disproportionately Affects Minority Populations

African Americans are 1.7 times more likely to have Type 2 diabetes than the general population. An estimated 2.3 million African Americans, or 10.8%, have diabetes. 25% of African Americans between the ages of 65 and 74 have diabetes, and one in four African American women over 55 has diabetes.

Latinos are almost twice as likely to have Type 2 diabetes. For example, diabetes affects 1.2 million

or 10.6% of the Mexican American population.

Overall prevalence of Type 2 diabetes in Native Americans is 12.2%, compared to 5.2% of the general population. In some tribes, 50% of the population has diabetes.

Complications of Diabetes

Diabetes is the leading cause of new cases of blindness in adults ages 20 to 74 years.

Diabetes is the leading cause of end-stage (chronic, irreversible) kidney disease.

Amputations: Diabetes is the leading cause of lower-extremity amputations not related to injury.

Cardiovascular disease: People with diabetes are 2 to 4 times more likely to develop heart disease or stroke than people without diabetes.

Evidence for Additional Information Supporting Need for the Measure

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: diabetes training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 74 p.

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Community Health Care

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Clinical Practice or Public Health Sites

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age 40 years and older

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Equity

Data Collection for the Measure

Case Finding Period

The last work day of each month

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Total number of diabetic patients 40 years and older in the clinical information system

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of patients from the denominator who have a current prescription for aspirin or other antithrombotic agent*

*Suitable agents include Warfarin/Coumadin, Plavix (clopidogrel), Ticlid (ticlopidine), low molecular weight heparin, and any newer agents that may become available that are shown to be equivalent or superior to the existing medications.

Exclusions

Unspecified

Numerator Search Strategy

Encounter

Data Source

Registry data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Goal: greater than 80%

Evidence for Prescriptive Standard

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Identifying Information

Original Title

Cardiac risk reduction option 3: aspirin or other antithrombotic agent.

Measure Collection Name

HRSA Health Disparities Collaboratives (HDC) Measures

Measure Set Name

HRSA HDC Diabetes Collaborative Measures

Submitter

Health Resources and Services Administration - Federal Government Agency [U.S.]

Developer

HRSA Health Disparities Collaboratives: Diabetes Collaborative - Federal Government Agency [U.S.]

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Unspecified

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2006 Jun

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in October 2015.

Measure Availability

Source not available electronically.

For more information, contact the Health Resources and Services Administration at 5600 Fishers Lane, Room 7-100, Parklawn Building, Rockville, MD 20857; Phone: 888-275-4772.

Companion Documents

The following is available:

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing

NQMC Status

This NQMC summary was completed by ECRI on December 19, 2006. The information was verified by the measure developer on February 9, 2007.

This NQMC summary was retrofitted into the new template on June 23, 2011.

The information was reaffirmed by the measure developer on October 28, 2015.

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Production

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